Products...Target...Project Abstracts

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1. Project Abstracts

1.1. Placing Abstracts in Context within the Target Architecture

Beginning at the top of the Target Architecture discussion:

1. The *Target Architecture Introduction* described the purpose and methodology behind the One-VA Target Architecture;
2. The *Target Architecture Strategy* section articulated the Chief Architect's vision of the desired Target Architecture End-State, at a five to seven year planning horizon;
3. The *Target Architecture Transition Plan* identified the actions that the Office of Enterprise Architecture Management is taking to implement these transition changes, across three distinct time phases within that planning horizon;
4. The *Target Project Summary* section discusses each IT development project within the current IT portfolio. It identifies the project's impact upon the enterprise and the Target End-State. The following Reuse, Redundancy and Gap Analysis section examines which portions of the Target End-State have not been addressed by the projects currently within the portfolio, and it provides OEAM's recommendation of additional projects needed to meet that end-state.

The following project abstracts are grouped based upon the five layers established for the target architecture. The significance of this grouping is only to provide a convenient method for tracing a project from one Target Architecture discussion to any other.

1.2. Target Service Access Layer Project Abstracts

VA's current information delivery standard calls for a three tiered Java-based thin-client development strategy that requires only a generic web-browser on the client-system to complete the user interface (service access layer).

1.2.1. Contact Management

Authoritative Source

- VA Strategic Plan for 2004
- RE Integrated Project Team - January 2006
- EA V4.0 - May 2005

Stakeholders

- All veterans, their dependents, and their survivors

- VA Administrations
- VA Business Line Managers

Requirement Description

VA currently supports different types of contact centers for veteran information and support. The differences between these facilities are related to the differences in service delivery at the administration level. For example a national contact center is most appropriate for VBA-based benefit business lines, because benefits-based business lines are focused on providing a complete, accurate and consistently articulated message to the veteran, in order to explain the complexities and interdependencies of not only VA's benefit programs, but also the relationship between VA's programs and other Federal and state programs. VHA's contact center needs are best met by local or VISN-centered contact centers, since VHA is primarily focused upon the individual veteran's medical needs, which are met at the local level. VHA contact centers focus on setting appointments for doctor visits and inpatient and outpatient services.

In the midst of this diversity of contact centers, certain business requirements are identical across all contact centers and should be collapsed into common operating processes and procedures in order to improve service to veterans and to conserve operating cost and complexity within VA . Two examples of common business requirements that span diverse contact centers are:

1. Presenting the veteran with information from a benefits knowledgebase; and
2. Providing a common automated veteran application process. This collects veteran demographic and identification information once, with sufficient detail to meet the registration requirements of every business line. This requirement is shared with the Registration & Eligibility initiative.

Specific opportunities identified by the RE/CM team for improving the efficiency and effectiveness of interactions with VA customers include the following:

·   **Telephony:** VA needs to improve the level of overall customer service to meet basic private industry standards. For telephony this means that VA needs to increase its level of first call resolution, increase the level of wholly correct responses, and lower average call waiting times. Good telephone service also requires VA to allow callers to warm transfer to any business line within any administration within our organization;

·   **Internet:** VA needs to significantly improve its Internet presence and accessibility. Our constituents deserve 24 X 7 Internet and a highly interactive web based self-service environment. Likewise, our users also merit enhanced interactive Frequently Asked Questions (FAQ) boards within and across administrations;

·   **Knowledge and Data Management Systems:** VA needs to improve the accuracy, consistency, and timeliness of answers provided to our customers. Shared data and knowledge management systems allow all administrations to resolve inquiries correctly the first time,

provide consistent answers to callers, improve the accuracy of answers, and allows employees access to up-to-date information for all business lines that can used for direct customer service or during the claims process;

·   **Quality Assessment Standards:** VA needs to benchmark qualified private industry and Federal agency standards for assessing customer service quality on a continuing basis. CM will provide an as-is assessment for current customer service. CM will review private industry customer service standards and provide the plan for implementing incremental improvements in customer service. CM will provide recommendations to all administrations for implementing sustained incremental improvement utilizing national standards. CM will require an established program office to realize this sustained quality improvement effort;

·   **Change Management:** VA needs to assess the impact of CM changes to the organization and establish requirements for mitigating the risk inherent in the change process. CM will provide the requirements for leading the changes necessary to implement incremental improvements in customer service. CM will identify significant training needs for staff members, identify and assess areas of risk, and implement change management strategies that will allow a smooth transition toward a fully realized customer-centric service organization; and

·   **Business Process Reengineering:** VA should analyze and redesign common business processes in an effort to streamline the work process and thereby achieve significant improvements in quality, time, and cost.

Recommended Solution

The goal of the CM initiative is to achieve the appearance of One-VA to the veteran or caller regardless of where the support or eventual routing is located. The One-VA vision includes transparent representation to the veteran whether the support is via telephone, internet , email, or self-service options. Specifically, the project will assess all touch-points between the veteran, stakeholders, and the VA and streamline the environment to enhance service to the veteran. Enhanced contact management will include components – such as telephone call contact, internet self-service functions, email communication, data sharing capability, customer-outreach and feedback mechanisms. It will provide a single knowledgebase for use by VA case workers and veterans in obtaining information regarding VA programs, benefits and regulations regarding eligibility issues. The ultimate goal of this project is to be the front-end of a solution that addresses all forms of contact with the veteran.

CM is a One-VA program serving all VA customers through customer-preferred channels of access. CM is about managing an enhanced veterans and beneficiary experience while encouraging constituent self-service. A key component of CM is robust identity management that is utilized by One-VA and core administrative systems.

CM will provide the business-driven requirements for implementing functional interface

products for all access channels including personal interviews, telephones, postal mail (USPS), E-mail, and Internet services--such as Frequently Asked Questions boards and web portals--internment services, and interactions with private industry partners.

The contact management initiative will begin with an exhaustive review of contact-center business requirements conducted by the business stakeholders, in order to identify and satisfy common requirements with shared solutions. This is an ongoing, funded project. It is currently focused upon developing data requirements and identifying VA business line business requirements.

Performance Measures

The following performance measures were included in the OMB Exhibit 300 for 2007:

- Increased access and response performance;
- Reduced response time for claim processing;
- Reduced number of required veteran contact points;
- Reduced errors rate for claims processing;
- Reduced remand rate;
- Reduced number of DMDC data feeds; and
- Reduced number of veteran access points.

The following performance measures identify applicable metrics from the VA Strategic Plan:

- **Satisfy Metric for EA for Veteran-Centric Service E-3.1:** Outcome Measure-Enterprise Architecture (EA) for Veteran-Centric Service: Number of business lines transformed to achieve a secure veteran-centric delivery process that would enable veterans and their families to register and update information, submit claims or inquiries, and obtain status. Target levels for 2004 and 2008 are 2 and 8, respectively.
- **Satisfy Metric for Foreclosure Avoidance 2.3.2:** Outcome Measure-Foreclosure Avoidance: Foreclosure avoidance through serving (FAT) ratio. Target levels for 2004 and 2008 are 45% and 47%, respectively.
- **Satisfy Metric for Speed 1.4.3: Service Delivery Measure-Speed:** Average number of days to process rating-related actions. Target levels for 2004 and 2008 are 105 days and 90 days, respectively.

Enterprise Impact

Project will produce sharable data and contact management services which will then be available across all business lines and to other projects. Processes produced by this initiative will be applied consistently across all contact centers, providing veterans with consistent, correct and complete information from every contact-point.

Project Status

Funded from BY-2003 through BY-2007

Project currently at Milestone -1

1.2.2. VistA Imaging (EA-17)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- All veterans, their dependents, and their survivors
- VHA Business Line Managers and Health Care Providers

Requirement Description

The VistA Imaging Project provides online patient clinical images and scanned documents to healthcare providers. VistA Imaging captures clinical images, scanned documents, EKG waveforms and other non-textual data files and makes them part of the computerized patient record (CPRS)

Recommended Solution

Implement the VistA Imaging alternative which is the multimedia component of VistA's electronic patient record that allows clinicians to access groups of digital images, motion video clips, graphics, sound and scanned documents. It is an integral part of the VistA hospital information system (HIS) and provides intra-hospital and inter-hospital communication, by allowing the sharing of patient information with collaborating clinicians within the local facility or at affiliated outpatient clinics and other medical centers. Medical care processes can be shared through the use of telemedicine. For example, an examination can be performed at a patient's local facility and the images can be transmitted to a specialist at a remote medical center. The specialist can interpret the images, and discuss treatment options with the local primary care provider. VistA Imaging is tightly integrated with CPRS to create a seamless comprehensive electronic medical record.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

Healthcare treatment facilities must implement VistA Imaging to utilize multi-media features within CPRS such as the association of a scanned document or image with an electronic document, including progress notes, consults, procedure reports and discharge summaries. CPRS and VistA Imaging work together to support patient care processes within the VA .

This project establishes an imaging standard and identifies sharable technology that will apply to numerous Medical Imaging implementations across all VA medical facilities. It will permit transport and reuse of patent image data as the patient moves from one VA region to another.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -3

1.2.3. One-VA Web Presentation Standardization

Authoritative Source
- VA Policy for Web Site Look and Feel
- 12/21/2005

Stakeholders
- General Public, Veterans, Dependents and Survivors
- All VHA Managers and Employees
- VA CIO, Staff Offices and Administrations

Requirement Description

Project standardizes all VA web page presentation formats to provide a consistent Web Look-And-Feel.

Standard formats and services developed by web authors under this discipline will become patterns and sharable components across VA.

Recommended Solution

The CIO's Directive provides until June 2006 to complete standardization of existing Web-sites.

The effort will be accomplished out of existing IT O&M funding, and a separate budget will not be required.

The task will be performed by Web developers across VA, under the direction ofr their existing

operational managers, therefore a program office reporting structure and project management oversight are not required.

Performance Measures

Enterprise Impact

The project will provide VA with a single Web look-And-Feel. It will promote a sense of unity as a Department; it will improve client-confidence and will facilitate the re-use of web content and structure, across VA.

Project Status

Funded through existing O&M funds;

Project currently at Milestone-3

1.2.4. One-VA Web Content Management Standardization

Authoritative Source
- VA Directive 6102 Chap-7
- 12/2005

Stakeholders
- All VHA Managers and Employees
- VA CIO, Staff Offices and Administrations

Requirement Description

Project standardizes Content Management practices, and the COTS content management tool solution that will be applied across VA.

Recommended Solution

The CIO's Directive provides until June 2006 to complete standardization of existing Web-sites.

The effort will be accomplished out of existing IT O&M funding and a separate budget request will not be required.

The task will be performed by Web developers across VA, under the direction of their existing operational managers; therefore a program office reporting structure and project management oversight are not required.

Performance Measures

Enterprise Impact

The project will provide VA with a single Web look-And-Feel. It will promote a sense of unity across the Department; it will improve web-site ease of use and will promote client-confidence. It will also facilitate the re-use of web content and structure, across VA.

Project Status

Funded through existing O&M funds;

Project currently at Milestone-3

1.3. Target Business Rule Implementation Layer Project Abstracts

Projects in the business-rule implementation layer are engineered to support critical VA business processes.

1.3.1. Health Care Fee Basis Replacement (EA-10)

Authoritative Source
- BY-2007 IT Project Portfolio

Stakeholder
- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers

Requirement Description

VHA - The purpose of this project is to replace a claims processing system used by VA medical centers to processes health care claims for services received by eligible veterans outside of the VA health care system. The current system is commonly referred to as "VistA -Fee" or "Fee Basis".

Recommended Solution

At milestone -0 Solutions have not been developed or proposed.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:
- **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to

modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

Replacement of this legacy component will contribute to overall modernization of the Vista health care management system . The solution will become a reusable service component which will be utilized within the 128 VA facilities that run the production VistA healthcare management system .

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -0

1.3.2. Health Care Decision Support System Modernization (EA-08)

Authoritative Source
• BY-2007 IT Project Portfolio

Stakeholder
• All veterans, their dependents, and their survivors
• DoD/VA Health Executive Council
• VHA Business Line Managers and Health Care Providers

Requirement Description

The Health Care Decision Support System (DSS) tracks and reports fixed, variable, direct and indirect costs associated with health care delivery providing effective cost accounting and workload data analysis to assist the VHA CFO in making investment decisions and in providing the appropriate level of resource to meet health care service levels. DSS applications will impact the treatment of 4.5M veterans, non-veterans and dependent beneficiaries in the out-years by enhancing VHA's capability to make data driven management decisions. Use of the DSS will continue to increase as will their importance in decision making in the process of providing health services. DSS will remain VHA's solution for compliance with Section 902(a) (3) of the Chief Financial Officers (CFO) Act of 1990 (Public Law 101-576). DSS will be required to comply with security requirements in accordance with VA policy and assure the system can withstand attempts of unauthorized access and subsequent compromise of system information and functionality. However, the current DSS (legacy) implementation is obsolete and in need of replacement.

Recommended Solution

Conduct a study to determine current DSS user requirements and determine the required system performance levels in order to establish replacement system functional specifications.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Clean Financial Audit E-4.4:** Outcome Measure-Clean Financial Audit: Number of audit qualifications identified in the auditor's opinion on VA's Consolidated Financial Statements. Target levels for 2004 and 2008 are 0 and 0, respectively.

Enterprise Impact

DSS Interfaces with FMS, PAID and VistA, DSS is also dependent upon completion of the HDR program.

Upon completion this replacement of this legacy component will contribute to overall modernization of the Vista health care management system . The solution will become a reusable service component which will be utilized within the 128 VA facilities that run the production VistA healthcare management system .

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -0

1.3.3. VistA Laboratory Information System Replacement (EA-18)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholder

- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers and Health Care Providers

Requirement Description

This project replaces the Legacy Laboratory Service's information technology system and its associated business processes. It will address current deficiencies and meet future needs. The Laboratory (Pathology and Laboratory Medicine) Service provides the principal medical diagnostic laboratory testing and transfusion functions in all VA medical centers and sets the standards for quality, testing methods, and procedures for clinical laboratory testing in the

medical centers. The Laboratory Service relies heavily on information technology to support all phases of its activities, from specimen collection to dissemination of results. Approximately 170 million laboratory tests are conducted annually.

Recommended Solution

At milestone-0, Solutions have not been developed or proposed.

Performance Measures

Enterprise Impact

Replaces antiquated subsystems within the Vista Health Care System Complex, introducing current technology. Employs the HDR sharable patient medical record which is accessible across all VA medical facilities without data duplication

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone-0

1.3.4. VA Payroll Replacement System - e-Payroll (EA-34)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholder

- All VA Managers and Employees
- VA Bargaining Unit Organizations
- OMB
- OPM
- GAO

Requirement Description

This project transitions and converts of both VA's title 5 and title 38 pay plans, from VA's legacy system, into the e-Payroll e-Gov Payroll/Personnel system solution. VA will first interface with the defense Finance and Accounting System (DFAS). After VA has migrated to DFAS, efforts will begin to switch from the current self service system (named Employee Express), to the system provided with DFAS servicing, the MyPay payroll system.

Recommended Solution

Adopt the PMA e-Payroll standard system solution to replace VA's legacy stove-piped payroll system.

Performance Measures

Enterprise Impact

Eliminates an antiquated stove-piped system and introduces a, sharable e-Gov solution which is standard across government.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone-0

1.3.5. VHA Medical and Prosthetic Research (EA-13)

Authoritative Source
- BY-2007 IT Project Portfolio

Stakeholder
- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers and Health Care Providers

Requirement Description

Office of Research and Development (ORD) oversees 15,000 research projects performed at 115 VA medical centers (VAMCs) every year. The research project management process covers the entire life cycle, starting with the issuance of request for proposals (RFP), through proposal submission and review, through notification of funding decisions, to management of funded projects. In addition, this process includes committee management, financial management, compliance management and performance tracking. Numerous systems currently support these processes, although many support only a limited number of programs or offices. The systems in use, many of which operate on aging platforms, vary significantly between ORD research services and the local research offices. The negative consequences of continuing to use the current collection of systems have been numerous, and include multiple entries of data, extensive human intervention, increased system maintenance costs, inadequate reporting and compliance tracking, and incorrect and missing data.

Recommended Solution

The legacy grants management system will be replaced in total using a single, integrated,

web-based system for the Office of Research & Development's four research services to manage LOI's, proposals, grants and research projects, which will dramatically simplify the entire research project management process.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Research 4.2.1:** Outcome Measure-Research: Maintain the percent of research projects devoted to Designated Research Areas. Target levels for 2004 and 2008 are 99% and 99%, respectively.

Enterprise Impact

The replacement Grants Management System will provide a web-enabled data entry and status reporting capability. Replaces antiquated subsystems within the Vista Health Care System Complex, introducing current technology.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -1

1.3.6. VHA Pharmacy Re-Engineering and IT Support (EA-14)

Authoritative Source
- BY-2007 IT Project Portfolio

Stakeholder
- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers and Health Care Providers

Requirement Description

VA's current Pharmacy support systems do not meet VA's current workload needs, current programming standards or desired patient safety thresholds. This project is to facilitate improved VA pharmacy operations, customer service and patient safety, concurrent with pursuit of full re-engineering of VA pharmacy applications. It will help address critical needs for immediate improvements to achieve stated goals and vision for VA Pharmacy while maintaining current level of operations in pursuit of long term reengineering to achieve long range strategic goals. Specifically, all functionality relating to Pharmacy operations and service is to be re-engineered, modified or replaced. Pharmacy applications and systems are some of the oldest technologies in

VistA. Systems limitations and cumbersome non-consistent pharmacy processes have been identified as a weakness in VA's ability to provide efficient pharmacy service, driven by patient safety protocols, across the VA continuum. In 2001, a functionality assessment of pharmacy applications and operations was conducted by an external contractor to determine the viability of maintaining the status quo of current technology supporting VA Pharmacy operations, taking into account agency goals and priorities. To ensure the level of care offered is consistent throughout the VA system, achievement of stated goals and vision for VA Pharmacy operations requires abandonment of the current "silo" approach to IT solutions, in favor of global, or enterprise wide standardization of protocols, direction and implementation. The 2001 assessment identified critical weaknesses in the current operational environment of VA pharmacies. The pharmacy replacement initiative will enhance pharmacy data exchange as well as clinical documentation capabilities, in a truly integrated fashion to improve operating efficiency. It will provide a flexible technical environment to adjust to and meet future business conditions and needs in the clinical environment, focused on the patient with robust decision support safety features. The reengineering and replacement of these systems will directly address several important Federal mandates and business drivers, including but not limited to the President's Management Agenda; VA Strategic Goals; Secretarial Priorities; the Clinger-Cohen Act; the Government Performance and Results Act; the Privacy Act; the Health Insurance Portability and Accountability Act; Section 508 of the Rehabilitation Act; the Government Paperwork Elimination Act; the Government Information Security Reform Act, and the Joint Commission on Accreditation of Healthcare Organizations. The desired result is a seamless integrated system, nationally supported, capable of growth, which supports a repository structure (HDR) in order to facilitate uniform service being offered to veterans in all locations.

Recommended Solution

VA desires to preserve existing functionality and to provide functionality advancements where the capability does not currently exist within COTS products. Therefore, VA will re-engineer and re-host VA's pharmacy applications through a combination of in house VA build system components (layering) onto the HealtheVet/VistA design, in conjunction with the purchase of COTS system products, where appropriate, including exploration and evaluation of partnership arrangements with outside vendor(s) for development of technology, including platform and interfaces.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Quality of Healthcare Service 3.1.3:** Outcome Measure-Quality of Healthcare Service: Increase the percent of inpatients and outpatients rating VA health care service as very good or excellent. Target levels for 2004 and 2008 are 68% and 72%, respectively for inpatients; and 70% and 72%, respectively for outpatients.

Enterprise Impact

Replaces antiquated subsystems within the Vista Health Care System Complex, introducing current technology.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -1

1.3.7. VHA VistA Scheduling Replacement Project (EA-15)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholder

- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers and Health Care Providers

Requirement Description

The goal of the VHA Scheduling Replacement Project is to build an enterprise-level outpatient scheduling application. The project plan supports the Scheduling Future Business Model, which is the result of outpatient business process re-engineering and incorporates guidelines issued by the Institute for Healthcare Improvement (IHI) for Open and Advance Access to care models. The project is the result of the General Accounting Office (GAO) Report on Excessive Wait Times in VA Healthcare. GAO findings for Primary care and Specialty care cited that patients often wait over 30 days for an appointment and that VHA must make a concerted effort to realign their health care delivery and improve access to care.

The current VistA appointment management module is 25 years old and based on a model that is no longer optimal in healthcare today. Appointment activity for a patient resides at each individual medical center, and the current clinic system is rigid and lacks efficiency. Providers must maintain multiple clinics for clinical activities, extended hours, or slots needed for special circumstances such as Comp & Pension Exams. There is no link between appointments and ancillary services, and there is no suitable mechanism for coordination of care between facilities.

Recommended Solution

Build Scheduling Replacement software on a new platform according to VHA strategic direction. This approach includes process re-design, in-house building of a new commercial

application to apply the new business processes, and ongoing support and upgrading of this "next generation" scheduler. Incorporate a Graphical User Interface based on additional functionality and enhancements needed. The new application would be developed using an in-house programming environment that would support a client/server concept and consideration of using Web based techniques.

Performance Measures

Enterprise Impact

- Replaces antiquated subsystems within the Vista Health Care System Complex, introducing current technology.

The following performance measures identify applicable metrics from the VA Strategic Plan:

- **Satisfy Metric for Access and Service Delivery 3.1.10:** Service Delivery Measure-Access and Service Delivery: Average number of appointments per year per FTE. The target level for 2004 is 2,824 and no target has been set for 2008.
- **Satisfy Metric for Access and Service Delivery 3.1.6:** Service Delivery Measure-Access and Service Delivery: Percent of patients who report being seen within 20 minutes of a scheduled appointment at VA health care facilities. Target levels for 2004 and 2008 are 63% and 90%, respectively.
- **Satisfy Metric for Access and Service Delivery 3.1.7:** Service Delivery Measure-Access and Service Delivery: Average waiting time for new patients seeking primary care clinic appointments. Target levels for 2004 and 2008 are 30 days and 30 days, respectively.
- **Satisfy Metric for Access and Service Delivery 3.1.8:** Service Delivery Measure-Access and Service Delivery: Average waiting time for next available appointment in primary care clinics. Target levels for 2004 and 2008 are 34 days and 30 days, respectively.
- **Satisfy Metric for Access and Service Delivery 3.1.9:** Service Delivery Measure-Access and Service Delivery: Average waiting time for next available appointment in specialty clinics. Target levels for 2004 and 2008 are 30 days and 30 days, respectively.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -1

1.3.8. VA Learning Management System e-Training (EA-16)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholder

- All VHA Managers and Employees
- VA Bargaining Unit Organizations
- OPM

Requirement Description

The VA Learning Management System (VA-LMS) project is an enterprise level e-Training initiative that is part of the Government-wide e-Government initiatives supporting the Presidents Management Agenda. VA-LMS will be used by all VA administrations, programs and staff offices. VA desires a single source of employee training management to improve use of existing agency specific learning events and products, reduce redundancy in training development, facilitate employee directed career development, and provide a system to meet mandated reporting requirements. The enterprise solution is designed to be the portal for all VA employees to access local and national learning activities and serve as a single training record. Under the umbrella of the VA Learning University (VALU), the VA-LMS initiative is being developed as an e-Training initiative though a partnership between Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), National Cemetery Administration (NCA), the VA Staff Offices and an Interagency Agreement (IAA) with the Office of Personnel Management (OPM).

Recommended Solution

Adopt the PMA e-Training standard system solution to replace VHA 's legacy training systems.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

The project provides a web-based employee learning management system which will replace a variety of stove-piped legacy systems. It deploys an off-the-shelf PMA e-Gov sharable solution which will reduce overall system development, deployment and management costs.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -1

1.3.9. VA/DoD Electronic Health Record Export

Authoritative Source

- CARES Decision, Office of the Secretary, May 2004
- National Defense Authorization Act
- DoD/DVA Shared Health Architecture, Oct 7, 2004, v. 4.6, DRAFT
- JEC FY 2004 Annual Report, Goals 2 and 3

Stakeholder

- DoD/VA Health Executive Council
- VA Capital Asset Alignment for Enhanced Services (CARES)
- VHA
- DoD/VHA HEC

Requirement Description

This is associated with the VA/DoD health-data collaboration effort.

Presidential Executive Order 13335, signed April 27, 2004, mandates the creation of a federal/national electronic health record (EHR). To quote from the Order, "the National Health Information Technology Coordinator shall…develop, maintain, and direct…a strategic plan (to implement) interoperable health information technology…to reduce medical errors, improve quality, and produce greater value for health care expenditures… Ensure that … policy and programs … are coordinated … with a goal of avoiding duplication of efforts…" Common health-information architecture requirements represent one of the most critical forces driving the creation of this federal/national electronic health record (EHR) as directed by this Executive Order

Initiative Development

The continuing cooperative efforts of DoD and the VA support the Presidential EO vision of a federal/national EHR. In fact, in "April 2002, the Departments adopted a strategy to develop interoperable electronic health records in 2005. This … Joint Electronic Health Record Plan, HealthePeople (Federal), brings together the common adoption of standards, the development of interoperable data repositories, and joint or collaborative development of software applications to build a replicable model of data exchange technologies." Separate project initiatives all tie into this solution of a common EHR. Certainly, laboratory, pharmacy, and imaging sharing initiatives are critical components to seamless information exchange and are steps towards full data exchange. Additionally, VA is continuing its collaboration work with HHS to field a version of VistA available in the public domain and tailored to office-based practices.

Performance Measures

The following performance measures identify applicable metrics from the VA Strategic Plan:

- **Satisfy Metric for DoD Sharing E-4.2:** Outcome Measure-DoD Sharing: Achieve increased dollar value, usage and /or cost savings through expansion of joint contracting - Pharmaceuticals (Shared Cost Savings). Target levels for 2004 and 2008 are $561 Million and $650 Million, respectively.
- **Satisfy Metric for Health Information 2.1.3:** Service Delivery Measure-Health Information: Percent of VA Medical Centers that provide electronic access to health information provided by DoD on separated servicepersons. Target levels for 2004 and 2007 are 90% and 100%, respectively.

Enterprise Impact

The initiative creates a sharable service between DoD and VA along with a standard for interdepartmental data sharing. It will be offered for publication within the e-Gov sharable service repository.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.3.10. HealtheVet - Vista Replacement

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers and Health Care Providers

Requirement Description

This project will replace the Vista medical management system in phases, introducing new technologies and eliminating dependencies on obsolete hardware and COTS software. The replacement system will utilize the Health Data Repository (HDR) which provides a shared medical record across VA.

Recommended Solution

At milestone-0, Solutions have not been developed or proposed.

Performance Measures

Enterprise Impact

This solution will permit veterans to be served by any VA medical facility across the enterprise; it will implement the medical information portion of the enterprise data layer concept and it will eliminate the majority of VA's high-risk, obsolete hardware and compiler software.

Project Status

Funded in BY-2007;

Project currently at Milestone-0

1.3.11. VHA Third Party Collections

Authoritative Sources
- PL 99-972, April 7, 1986, Consol. Omnibus Budget Reconciliation Act of 1985
- PL 101-508, November 5, 1990, Omnibus Budget Reconciliation Act of 1990
- PL 105-33, August 6, 1997, Balanced Budget Act of 1997
- PL 106-117, Nov 30, 1999, Vet's Millennium Healthcare and Benefits Act
- PL 107-135, Jan 23, 2002, DVA Health Care Programs Enhancement Act
- VHS&RA Circular 10-90-031, March 16, 1990, MCCR (Medical Care Cost Reconciliation)
- VHA Dir 2004-062, Nov 2, 2004, Implementation of Changes for Co-Payments for Outpatient Medical Care Provided for Veterans by DVA
- VHA Dir 2004-057, Oct 8 2004, Pre-Registration
- VHA Dir 2000-037, Oct 6, 2000, Application of Third Party Reimbursement

Stakeholders
- VHA
- VA CFO

Requirements Description

The VA is a multi-billion dollar department that is still resource restricted due to an ever-increasing demand on its ever-increasing services. An obvious means of resources are the veterans with third party insurance. Defining why this resource should be captured and then actually obtaining it are difficult and independent challenges. We shall focus on the first question.

Any Federal Department has requirements far outstripping their financial resources. Within the three sections (administrations) of the VA, various methodologies are employed to obtain funds supplemental to the federal outlays. About two decades ago, it was recognized that there was

significant opportunity to obtain funding in a responsible and equitable manner through some of the healthcare provided via the Veterans Health Administration's (VHA) treatment centers. The basic premise is that the VA must provide any and all care for service-connected maladies. However, when care is rendered for non-service connected (NSC) injuries or illness, a different paradigm should be used. The requirement was simply to recover as much funding from veterans for those treatments that the VA is not obligated to provide.

Solution Description

Congress has made strides to allow the VA to obtain funding for NSC treatments. With the passing of Public Law (PL) 99-272 in April of 1986, the VA was provided the "right to recover the reasonable cost of such care and services from a third party" the same as if the Veteran was receiving the care in the private sector. This initiated the MCCR or Medical Care Cost Recovery program. PL 102-139 further extended this in 1991 allowing veterans to make co-payments for medications. In August 1993 with the passing of PL 103-66, the Secretary was allowed to collect co-payments for medications and for certain other "health care benefits" considering "certain minimum income level", and again to collect from "third party insurers". In August 1997 with the passing of PL 105-33, Congress established the Medical Care Collections Fund (MCCF) element of the MCCR. PL 106-117 passed November 30, 1999 and known as the Millennium Bill again reinforces the VA's capability to collect into the MCCF as before. However, it also authorizes the waiving of "recovery of such payment in the best interests of the United States". Furthermore, this legislation allows the distribution of the MCCF regionally back to the VA medical facilities.

As noted, legislation is provided to allow this cost recovery to happen. But implementing the program in a cost effective manner has been challenging. The average collection rate has been very low, averaging in the 20 percent range with recoveries in the 30 percent range noted as remarkably successful. Some of the problem is certainly the complexity of the collection process. As compared to the private sector where the process is one of standard deductions and co-payments, in the VA the system is a confusing gauntlet of registrations, certifications, service-connection links, and internal interpretations of allowable payments. The result is a long, drawn out and challenging process resulting in limited success. Some initiatives on going that should bring a higher success rate are the Medicare Remittance Advice (MRA) project and the Clinical Indicators Data Capture (CIDC) project. Medicare subvention where CMS (Center for Medicare and Medicaid Services) reimburses the VA for care provided to eligible beneficiaries (veterans 65 and over) is not going to occur in the near future. However, in order for VA to recover third party costs for those over-65 veterans with Medicare supplements, those carriers need to know what Medicare would pay if they did reimburse the VA. The MRA project does exactly that – in a complex two component, process that first creates a legitimate Medicare payment schedule for services rendered and then a claim against the supplement using that schedule, the VA is able to recover these critical funds. The CIDC project facilitates accurate

billing during the provider-order entry cycle. The present system allows orders to be entered without noting the diagnosis or treatment resulting in no possibility of reimbursement. With CIDC, when orders are entered for radiological or laboratory procedures, medications or prosthetics, diagnoses are entered facilitating coding and concomitant billing for NSC treatment.

There is still much more that can be done to streamline a complex process. But, the requirements are complex due to the nature of beneficiary eligibility and service connected criteria. But, progress is steady and needs to continue forward as the entire Department is synchronized with innovations such as MRA and CIDC .

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

*   **Satisfy Metric for Collections E-4.1:** Outcome Measure-Collections: Percent of collections to billings. Target levels for 2004 and 2008 are 40% and 40%, respectively.

Enterprise Impact

This project will provide VHA with an economic means of cost recovery from co-insurers, as provided by law, where the veteran treated in a VA facility is also covered by additional, private health insurance. The process will be applied universally across VA . If appropriate it will be offered as a sharable service through the PMA e-Gov program, where it may be found to be of use by other agencies such as Indian Health Service.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.3.12. VHA Patient Financial Services System - PFSS (EA-05)

Authoritative Source

*   BY-2007 IT Project Portfolio

Stakeholders

*   All veterans, their dependents, and their survivors
*   VHA Business Line Managers and Health Care Providers

Requirement Description

The purpose of this project is to provide VA with a centralized third-party insurance reimbursement system, for billing and receipt of insurance reimbursements, from the insurers of

independently insured veterans, who have received health care at VA facilities. The facility will replace a variety of independent reimbursement methods that are currently employed at various VA medical facilities. The Veterans Health Administration (VHA) faces a growing demand for health care services. Currently, the functionality of several of VHA's Veterans Health Information Systems & Technology Architecture (VistA) applications do not provide sufficiently robust data elements needed to support automated billing as commonly practiced in private sector hospitals. VHA's VistA Clinical applications, Vista Integrated Billing (IB) & Accounts Receivable (A/R) applications do not efficiently or effectively support VHA's financial business processes. As a result of the challenges inherent to VHA's collections systems, Congress mandated that VHA implement a commercial off the-shelf (COTS) patient accounting system as a pilot (see HR Report 107-272). The Patient Financial Services System (PFSS) program is the overall program bringing this mandate to fruition. The goal of the PFSS pilot project is to incorporate commercial sector best practices into the revenue cycle in order to operate in a more effective & efficient manner while accommodating VA-specific care & processes. To reach this goal, the COTS software will provide VA users with integration between front-end & back-end systems, improve data capture, increase automation, provide workflow friendly work lists, create robust master files, & employ extensive industry proven billing rules that facilitate exception-based processing. PFSS will also address front-end applications by replacing VistA ADT & Bed Control with COTS Patient Management software, as well as coordinate with existing modernization efforts for other front-end processes & applications such as Scheduling & Enrollment.

Recommended Solution

Replace the Integrated Billing and Accounts Receivable VistA applications with commercial off-the-shelf (COTS) applications. In addition to selecting COTS, this allows VHA to comply with the Congressional mandate, HR report 107-272, to implement a commercial patient financial services system in one VISN for a minimum of two years.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

*   **Satisfy Metric for Collections E-4.1:** Outcome Measure-Collections: Percent of collections to billings. Target levels for 2004 and 2008 are 40% and 40%, respectively.

Enterprise Impact

This project provides a COTS replacement solution must be integrated with existing and evolving VistA and HealtheVet-VistA applications. The initiative also retires obsolete legacy subsystems from the VistA system complex. This sharable service will support 128 VA medical facilities.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.3.13. C&P Benefits Replacement System - VetsNet (EA-03)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- All veterans, their dependents, and their survivors
- VA Administrations
- VA Business Line Managers

Requirement Description

VETSNET Compensation and Pension (C&P) is a streamlined information system that establishes, develops, and rates a claim, prepares award, notifies the veteran, and generates payment information. This system will replace the existing award, payment, and accounting system, the Benefits Delivery Network (BDN), with a custom built Compensation and Pension Replacement System (VETSNET C&P). The scope of this investment, known as the C&P Replacement System, includes the Award and Finance and Accounting System (FAS) modules. The C&P Benefits Replacement System attempts to address current problems specific to existing C&P benefit processing systems. The C&P Benefits Replacement System development is in progress, having accomplished initial design and development. VETSNET has completed parallel testing and is currently in live production field test. The C&P Benefits Replacement System is being developed using the VETSNET integrated architecture. The corporate environment is targeted to replace the current Benefits Delivery Network (Reference Exhibit 300 - BDN) seeing as BDN has passed its systems life cycle and minimal tools and resources are available to support it. Additionally, various material weaknesses have been identified related to BDN's lack of compliance with the government-wide Standard General Ledger, lack of an automated audit trail, and other shortcomings such as ineffective system messages supporting controls over payment errors. This initiative will also interface with the applications within the C&P Maintenance and Operations Exhibit, which are used to support claims processing, tracking, and employee requirements in support of providing service and benefit payments to veterans.

Recommended Solution

Build a hybrid, consisting of custom built functionality layered upon a COTS product base,

which involves developing the C&P Replacement System and acquiring a COTS software product to replace the payment and accounting functionality. In addition, development of a middleware application will be required to interface the hybrid system with existing internal and external interfaces. This factor may require extensive analysis and design to the integration phase of the project.

Performance Measures

The following performance measures identify applicable metrics from the VA Strategic Plan:

- **Satisfy Metric for Clean Financial Audit E-4.4:** Outcome Measure-Clean Financial Audit: Number of audit qualifications identified in the auditor's opinion on VA's Consolidated Financial Statements. Target levels for 2004 and 2008 are 0 and 0, respectively.
- **Satisfy Metric for Dependency & Indemnity Compensation 1.4.1:** Outcome Measure-Dependency and Indemnity Compensation (DIC): Percent of DIC recipients above the poverty level. Target levels for 2004 and 2008 are 75% and 100%, respectively.
- **Satisfy Metric for Speed 1.2.7:** Service Delivery Measure -Speed: Average number of days to process rating-related actions. Target levels for 2004 and 2008 are 105 and 90, respectively.
- **Satisfy Metric for Speed 3.2.5:** Service Delivery Measure -Speed: Average number of days to process rating-related actions. Target levels for 2004 and 2008 are 91 days and 78 days, respectively.

Enterprise Impact

Implementation of this project will retire two critical, major, obsolete legacy applications and their corresponding databases. It will make a corporate data resource available for use by additional benefit business lines. It also represents the use of COTS technology to replace custom applications.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.3.14. The Education Expert System (TEES)-2007 (EA-25)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- Veterans, their dependents, and their survivors

- VA Business Line Managers
- Veteran Service Organizations

Requirement Description

This Project is a response to the VA goal of processing 90% of veteran education benefit applications, enrollment certifications and notices of change in student status to final resolution without human intervention.

Recommended Solution

VA will undertake a total redesign of electronic claims and eligibility/entitlement determination, which will perform the same claims processing functions that are currently performed by a VCE interacting with BDN claims processing. This TEES Alternative also incorporates GAD/GAP functionality, TCS processing (updating the master record, creating letters, interfacing with the Finance and Accounting System (FAS), creating an audit trail, creating treasury payment records, etc.) and Common Processing (First Notice of Death (FNOD), Duplicate Claim (DUPC), Claim Establishment (CEST), etc). The TEES database in this alternative will be fully compliant with VBA Corporate data model and database standards. The total redesign alternative offers VBA the best opportunity to meet the goal of processing 90% of applications, enrollment certifications and notices of change in student status to final resolution without human intervention, in consideration of its support for addressing IT issues through the corporate environment.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Speed 2.2.4:** Service Delivery Measure-Speed: Number of days to process original claims. Target levels for 2004 and 2008 are 27 days and 10 days, respectively.

Enterprise Impact

The resulting system will interface with the Finance & Accounting System (FAS) and with VBA Corporate Database.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.3.15. Loan Administration Redesign (EA-28)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- Veterans, their dependents, and their survivors
- VA Business Line Managers
- Veteran Service Organizations

Requirement Description

This project will replace VBA's legacy Loan Service and Claims (LS&C) system . Over the past several years the VBA Loan Administration has identified critical problems in both LS&C technology and business processes. These problems include outdated, non-standard business processes, obsolete technology, and inconsistent communication. Currently, VBA utilizes the legacy LS&C system to administer its home loan program. This system is based on 12-year old specifications. It does not adequately reflect the current organization's functions, procedures, processes, polices, nor does it meet current industry standards. The current LS&C relies on hard copy data transfers to and from program participants and manual data entry processes. Loss mitigation procedures are cumbersome and labor intensive. The mortgage banking industry indicated that working with VBA's paper-based processes was extremely cumbersome, inefficient, and costly for private industry - so much so, that there was a strong indication that the industry steered home-buying veterans away from VA's loan program to conventional loans because they are more efficient and less costly. As a result of these ongoing issues, VBA's Central Office identified a need to reengineer the current processes.

Recommended Solution

Because of the technology and process inconsistencies that exist today between VBA and industry (VBA is about 12 years behind the industry standards and systems), as well as the IT resource constraints identified in VA's analysis of alternatives, VA has chosen to outsource the system and software. This decision was based upon an extensive business process reengineering and industry market research/best practices effort. As a result of the BPR effort, LARD Team recommendations, along with industry's recommendations, was for VBA to migrate to a web-based, online system that will take advantage the technology currently being used by the mortgage banking industry.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Foreclosure Avoidance 2.3.2:** Outcome Measure-Foreclosure Avoidance: Foreclosure avoidance through serving (FAT) ratio. Target levels for 2004 and 2008 are 45% and 47%, respectively.

Enterprise Impact

This project implements a COTS solution which will replace ageing legacy custom systems.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.3.16. FLIGHT -- (CoreFLS and FMS Replacement) project (EA-40)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- Veterans, their dependents, and their survivors
- VA Business Line Managers
- Veteran Service Organizations

Requirement Description

This Investment will provide a standard financial system replacement across VA; It retires FMS and many smaller financial systems. It also replaces the former CoreFLS development effort. The resulting replacement system will be implemented in approximately 1000 financial and logistics offices across VA. It replacement system will address material weaknesses and reportable conditions within the existing financial system complex, and will also be integrating the financial and logistics data into one central data base which will allow accurate financial reporting and management review.   This initiative supports the President's Management Agenda and the VA strategic goal to provide a world class service to veterans and their families through the effective management of people, technology, processes, and financial resources.   FLIGT will replace VA's existing Financial Management System (FMS), VHA's Integrated Funds Distribution, Control Point Activity, Accounting and Procurement (IFCAP) system, and Automated Engineering Management System/Medical Equipment Reporting System (AEMS/MERS) and retire at least 24 other minor systems, with more expected as the system matures. The Major business functions supported include accounting, payables, receivables, debt management, asset management, costing, financial analysis, budget, purchasing, and inventory management. The reduction of independent, disparate systems through integration will result in a reduction of operating maintenance and life cycle costs. Internal processes and procedures will be changed based on developed "to-be" finance and logistics business processes. These "to-be" business processes are based on regulatory requirements and best business practices. FLIGHT is the re-baselined replacement of the CoreFLS effort which was at

Milestone 2 of the project life cycle at the time of its termination.

Recommended Solution

EA V4.1 recommends considering the PMA e-finance solution as a possible resource for this project. In order to pursue this recommendation, the FLIGHT PMO should attempt to map FLIGHT's business requirements against the possible solutions achievable out of the PMA e-finance LOB . If requirements can be mapped favorably, then the PMO should address scalability issues, since a VA implementation would necessarily have to be massive in order to integrate all the financial activity for the enterprise.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

The owner of any system, not replaced by FLIGHT, must make modifications to interface with the FLIGHT solution. Conversely, FLIGHT will interface and provide output feeds as necessary with some 74 specialized VA systems.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.3.17. VA-Wide e-Travel Solution (EA-19)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- All VHA Managers and Employees
- VA Bargaining Unit Organizations
- OPM

Requirement Description

VACO-CFO's electronic travel (eTS) objective is to implement a state-of-the-art Internet based

travel management system for the entire Department - GSA, E-Gov (eTS) travel initiative. VA will migrate towards GSA eTS by September FY06. The solution will provide a department-wide end-to end paperless process; Reduced cycle time for travel management; Provide centralized, online budget and travel information; Reduce delinquency rates and increase dollar savings from prompt payment of travel cards; Reduce time spent to make travel arrangements; Reduce approval time by limiting approvals to the supervisor and budget personnel; Reduce time spent preparing travel vouchers; Provide online approval with electronic routing Current Status; VA migration to GSA eTS EDS's FedTraveler.com solution by end of FY06.

Recommended Solution

The solution offered by EDS partnered with Zegato was selected to provide the e-Travel solution.

Performance Measures

Enterprise Impact

The e-Travel system must interface to FMS and its replacement to provide automatic feeds of transactions for obligation and payment of travel reimbursements.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone-3

1.3.18. Interactive Health Records: MyHealtheVet

Authoritative Source

- HealtheVet-VistA Concept Paper, VHA , March 9, 2004
- VHA Exec Decision Memo on HealtheVet-VistA Project, March 9, 2004
- VA News Release "VA Improves My HealtheVet Web Site", Nov 19, '04
- HealtheVet web site, "My HealtheVet Pilot," revised October 10, 2003

Stakeholder

- VA, VHA
- DoD
- HHS/IHS

Requirement Description

My HealtheVet is a multi-phased effort to do two major leaps forward for veterans:

- Update the VistA health record from its 20+ year old architecture, enabling thin client capture and other significant upgrades.
- Allow on-line interface where veterans can be directly connected to their medical care and wellness regimen.

The Business architecture of My HealtheVet brings five critical areas together, most of which are of immediate and visible benefit to the veteran:

- Patient self-care such as self-entry, trending, and tele-health.
- Patient education such as wellness and health information.
- Patient communication such as benefits requests or health record access.
- Provider communication such as reminders, questions, appointments.
- Provider consolidation where VA, DoD, or third-party providers can have visibility when necessary and as required.

There are certainly many web sites where anyone can find health information. What is unique about My HealtheVet is that it allows the veteran to contribute directly to monitoring his care via tracking his personal health metrics and to add that to his health record. Additionally, it allows him to retrieve certain parts of his record, a capability that will be expanded over time. Security has been heavily tested and is encrypted in a repository called an eVault, maximizing requirements. Of course, the veteran does have to take the initiative to open his own on-line account. But once that simple process is done, a number of capabilities are available to the veteran, which will only expand over time. Additionally, by the veteran adding in his own monitoring, his providers can assess their patient's progress on line without requiring additional personal or material resources.

Solution Description

The My HealtheVet project continues to move forward, further enabling more transportable and patient-centric electronic medical records. This project directly supports the strongly endorsed philosophy that the more involved the patient is in his care, the more likely that patient will take care of himself, maximizing his state of wellness. VistA does have to move forward from its MUMPS platform to enable ever-greater capabilities. But with the planned improvements, My HealtheVet will continue to set the pace for patient centric systems.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

- **Satisfy Metric for Prevention Index II 3.1.2:** Outcome Measure-Prevention Index II: Increase the scores on Prevention Index II. Target levels for 2004 and 2008 are 80% and 85%, respectively.

Enterprise Impact

 MyHealtheVet will implement a portion of the Web-based, veteran self-service functionality which is envisioned by the Target Architecture End-state.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.4. Target Enterprise Information Layer Project Abstracts

These VA projects willstandardize information across VA, and to create sharable common data stores for general use by all business lines.

1.4.1. Clinical Data Standardization: Health Level 7 (HL7)

Authoritative Source
- DoD and VA Shared Health Architecture October 7, 2004 (Version 4.6)
- "HL7 System Functional Model and Standard, Overview" March 2004
- HL7 HER-S Functional Model, by HL7 , 2004

Stakeholder
- DoD/VA Health Executive Council
- VA/VHA
- DoD
- All clinical information systems

Requirement Description

A goal of healthcare is the implementation of a standardized electronic health record (EHR) where data can be freely and reliably exchanged. Whether reviewing the Institute of Medicine's 1999 report, "To Err is Human….", or the desires of the industry-led Leapfrog Group, or the federal "Framework for Strategic Action" published July 2004, the consensus is clear that electronic health information exchange is a required development. Only then will there be a significantly positive impact on outcomes while significantly decreasing medical errors of all types. A critical component is standardization of data name, function, and purpose, leading to common understanding of usage. To reach these agreements is the purpose of HL7 or Health Level 7. Simply stated per "Standard Overview" published in March 2004, HL7 has the "mission to provide standards for the exchange, integration, sharing, and retrieval of electronic health information; support clinical practice; and support the management, delivery and evaluation of health services".

The Veterans Administration has played an active role in HL7 since its inception in 1987. They continue to play a very active role to ensure the robust Computerized Patient Record System (CPRS) component of VistA is aligned with emerging EHRs. This is most notably and obviously critical due to the requirement and continuing effort to ensure clinical and supporting information can flow freely between and among DoD and VA to allow appropriate care for eligible uniformed service members. DoD and VA are pursuing a number of efforts to provide this sharing of information. The continuing development and employment of HL7 is critical to these efforts.

Recommended Solution

The appropriate solution for employment of HL7 is for VA to continue on the path it is presently pursuing. VA is certainly aware of the importance of adopting industry standards to their front-running clinical information system. A recognized part of the solution to meeting the demands efficiently of the VA's complex health care system is incorporation of the HL7 standards. The most effective way of making that happen is through active participation in the HL7 organization, ensuring VA's concerns are heard while compromising for the benefit of all patients. An indicator of VA's commitment is that in 2003 VA transmitted approximately five million HL7 formatted messages per week. VA (and DoD) has the charge from the National Coordinator for Health Information Technology to work actively with the private sector to make our health information system "available as an affordable option for providers in rural and medically underserved communities". A critical component of that is the integration of HL7, a path on which the VA is an active traveler and contributor.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

• **Satisfy Metric for DoD Sharing E-4.2:** Outcome Measure-DoD Sharing: Achieve increased dollar value, usage and /or cost savings through expansion of joint contracting - Pharmaceuticals (Shared Cost Savings). Target levels for 2004 and 2008 are $561 Million and $650 Million, respectively.

Enterprise Impact

HL7 provides the basis in health data standards which underlies all aspects of inter-Departmental health data sharing. It is a continuing effort that will evolve along with medical practice standards; it is not limited to a project completion schedule.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.4.2. Health Data Repository (EA-12)

Authoritative Source

• BY-2007 IT Project Portfolio

Stakeholder

• All veterans, their dependents, and their survivors
• DoD/VA Health Executive Council
• VHA Business Line Managers and Health Care Providers

Requirement Description

The purpose of this project is to establish a Health Data Repository (HDR), which is defined as a repository of clinical information normally residing on one or more independent platforms for use by clinicians and other personnel in support of patient-centric care. The data is retrieved from legacy, transaction-oriented systems and is organized in a format to support clinical decision-making in support of patient care, independent of the physical location of patient information. The HDR will hold individual patient medical records that delineate all aspects of a patient's care across the continuum within Veterans Health Administration (VHA).

The existing baseline is a complex of electronic medical record information, for each patient, stored in over 22 vertical applications within the VistA system . Each occurrence of the VistA system, at each VHA medical care facility, supports a different subset of the patient population... This fragmentation of the patient records over numerous systems leads to lack of control of the health record and can lead to increased patient safety risks if the entire medical record is not available, at the same time, at the point of care.

Recommended Solution

VHA will develop the required data dictionary with a presentation front-end leveraged from the existing VistA /CPRS system. This solution relies on VistA alerts for decision support and a Cache; database technology. It is estimated to take a minimum of five to ten years to develop. It is anticipated that given the extended implementation schedule required for development, this solution would require additional change control to manage future requirements. This solution is appropriate since requirements are well known and not likely to change, and where requirements and changes are likely to occur, OTC solutions are not likely to be available in the marketplace.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

• **Satisfy Metric for Health Information 2.1.3:** Service Delivery Measure-Health Information: Percent of VA Medical Centers that provide electronic access to health

information provided by DoD on separated servicepersons. Target levels for 2004 and 2007 are 90% and 100%, respectively.

Enterprise Impact

HDR implements the health data component of the Enterprise data layer. It will provide a standardized health data store and stand access methodology for veteran health data which will service 128 installations of the VistA healthcare management system .

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -1

1.4.3. CDR / HDR Interoperability (CHDR)

Authoritative Source
• DoD and VA Shared Health Architecture October 7, 2004 (Version 4.6)

Stakeholder
• DoD/VA Health Executive Council
• VA/VHA
• DoD

Requirement Description

This sharing initiative seeks to ensure the interoperability of the DoD Clinical Data Repository (CDR) with the VA Health Data Repository (HDR) by FY 2005. Under this initiative, CHDR, the DoD and VA are developing the software component that will permit the Composite Health Care System (CHCS II) CDR and the HealtheVet HDR to exchange clinical data so that both TRICARE and HealtheVet beneficiaries receive seamless care.

The Departments formed an active working group to lead this effort, and they are making significant progress. All common data (24 domains) from each Department's electronic health records will eventually be interoperable. Some of the more obvious domain items are patient identification / demographics, allergy lists, laboratory and radiology results, and pharmacy history. The CHDR represents the critical, real-time information exchange to enable VA and DoD clinicians to receive, diagnose, and treat patients from each beneficiary group in a timely manner.

A prototype was completed in October 2004, which successfully demonstrated the initial exchange of pharmacy, allergy, and demographics data. The prototype also demonstrated the

capacity for agency drug-to-drug interaction screening (based on the integrated DoD/VA medication list) and local (intra-agency) database drug-to-drug allergy interaction screening (based on the integrated DoD/VA allergy list).

A contract has been awarded for Phase II, called Production CHDR, which will leverage the lessons learned from the prototype demonstration and include the exchange of patient demographics, outpatient pharmacy (Military Treatment Facility, DoD mail order, and retail pharmacy network data), laboratory, and allergy information. Implementation is anticipated by October 2005.

Recommended Solution

Progress is expected to continue with interface implementation by October 2005. Ensuring that the standards of VA, DoD and DHS are adhered to, (such as HL7), is a critical success factor.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

*   **Satisfy Metric for DoD Sharing E-4.2:** Outcome Measure-DoD Sharing: Achieve increased dollar value, usage and /or cost savings through expansion of joint contracting - Pharmaceuticals (Shared Cost Savings). Target levels for 2004 and 2008 are $561 Million and $650 Million, respectively.

Enterprise Impact

The CHDR project provides and inter-Department technology efforts are already underway for this advancement, requiring no new actions beyond those scheduled to be implemented at this time.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.4.4. Registration-Eligibility

Authoritative Source
*   VA Strategic Plan for 2004

Stakeholders
*   All veterans, their dependents, and their survivors
*   VA Administrations

- VA Business Stakeholders

Requirement Description

VA currently supports a separate veteran registration process for every veteran-servicing business line. Furthermore, within the Health Care Delivery Business Line, a separate variation of the veteran registration process exists for each of the twenty-two Veterans Integrated Service Networks (VISNs). This multiplicity of redundant processes not only creates an unnecessarily costly maintenance burden upon VA, but it also causes veterans to endure a separate, lengthy registration ordeal whenever they apply for an additional VA benefit, or whenever they apply for medical care at another VISN . The resulting multitude of veteran identification data sets causes confusion and an additional burden of cost for data reconciliation.

While the rules and practices for benefit eligibility determination are unique to each VA business line, the registration data and process is virtually identical across all business lines. Current issues with the VA registration and eligibility determination process include the following:

- **Inadequate Data Sharing Practices with External Agencies**: VA has inadequate data sharing practices with the Department of Defense (DoD) and other external departments that result in unnecessary inefficiencies in determining eligibility for VA line of business (LOB) benefits. These data sharing inadequacies place the burden on the veteran to provide proof of basic eligibility and force a practice of manual data collection on VA lines of business. VA needs to implement streamlined information sharing with DoD and other external agencies to make core eligibility information more accessible to LOBs;
- **Lack of Comprehensive Registration Services**: The lack of a comprehensive, consistent method for registering an individual within VA makes it difficult for administrations to share information with each other and places the burden on the veteran to provide basic identity and demographic information within each line of business. VA needs to establish mechanisms to enable registration events completed in one line of business to be available to other lines of business, thereby reducing redundant data collection and enhancing re-use of business line eligibility determinations;
- **Inadequate Data Sharing Between Administrations**: A number of VA LOBs (both within and across administrations) require access to benefit determinations from other LOBs; however current modes of data sharing within VA do not enable one line of business to review and/or re-use previously established eligibility determinations by another LOB . This creates redundant touch points between administrations, and introduces a lack of reliability/consistency in eligibility determinations across LOBs. Additionally, as current inter-administration data sharing infrastructure fails to keep pace with changing IT baselines within administrations, LOBs are literally reduced to manual data sharing practices (e.g. telephone, fax, mail). VA needs to establish mechanisms to share generally required benefit determinations from one LOB to other LOBs; and
- **Inadequate Automated Application for Benefit Functionality within a Common Access**

Point for Veterans to Access VA Services: Current internet-based VA benefit application capability for VBA and VHA are woefully inadequate. The benefit application process is very different across LOBs and there is no common access point for veterans to access LOB applications for benefits. These deficiencies force the veteran to seek out access methods with each LOB to initiate an application for benefits and often force veterans to either apply for benefits either by mail or by visiting a VA facility. Additionally, LOBs have constructed multiple "one-stop" portals. This practice both increases confusion among the veteran population and introduces inefficiencies in the business lines. VA needs to enhance its online benefits application utilities while establishing a common access method for veterans to obtain information about benefits across LOBs and for veteran self-service.

Recommended Solution

This issue was addressed by the CIO's office in 2004, with the establishment of the OneVA RE Program. The goal of the RE program is to become a single point of registration and eligibility, and a corporate-wide authoritative source for veteran identification. Specifically, the project will develop a streamlined registration application process for veterans and their dependents and survivors to apply for VA benefits and services, and will provide a comprehensive data environment for use by VA case workers to support benefit processing, outreach, and reporting and for use by veterans in obtaining information regarding VA programs and their eligibilities for benefits.

Registration & Eligibility is a set of customer-facing business functions, supported by the underlying VA enterprise data architecture, that span the entire VA enterprise supporting each of the VA lines of business. These critical functions have been given high priority as enterprise projects within the developing OneVA Enterprise Architecture.

To fulfill the President's Management Agenda, the VA and DoD are working on cooperative opportunities. A key initiative on which VA and the DoD are committed to seeing to completion is the development of a solution that provides all the necessary personal and demographic data required by VA business lines to make the proper registration and eligibility determinations by leveraging data from DoD's Enrollment Eligibility Registration System within the OneVA Registration & Eligibility solution. The VA Strategic Plan directs VA to "Simplify the administrative rules and regulation governing the application and eligibility determination process" and "Provide veterans with easy access to information and the opportunity to interact with VA for benefits and services, at a convenient time and place. Veterans, service members, and stakeholders (e.g. educational institutions) will have the opportunity to obtain information, apply for benefits and/or interact with VA through the Internet and toll free telephone service." The Benefits Executive Council (BEC) objectives 4.1, 4.2, and 4.3 also support this data sharing initiative. The future vision of the OneVA Registration and Eligibility process is driven by VA's reaffirmation that serving the veteran is our overriding goal.

Once it is fully implemented across all VA business lines, this approach will permit the veteran to register one time and to then be considered for all VA benefits, without the requirement of re-submitting data. A key component of RE is robust identity management that is utilized by OneVA and core administrative systems.

This is an ongoing, funded project. It is currently focused upon developing data requirements and identifying VA business line business requirements.

Performance Measures

- Increased access and improved response time for RE services;
- Reduced response time for claims decisions related to compensation and pension;
- Reduced number of required veteran contact points for RE services;
- Reduced number of errors and duplicate data entry. System integration and data sharing for RE data;
- Reduced remand rate for RE services;
- Reduced number of DMDC data feeds for RE services; and
- Reduced number of systems supporting VA RE services.

The following performance measures identify applicable metrics from the VA Strategic Plan:

- **Satisfy Metric for Customer Satisfaction 1.2.10:** Service Delivery Measure-Customer Satisfaction: Overall Satisfaction. Target levels for 2004 and 2008 are 70% and 90%, respectively.
- **Satisfy Metric for Customer Satisfaction 1.4.5:** Service Delivery Measure-Customer Satisfaction: Overall Satisfaction. Target levels for 2004 and 2008 are 70% and 90%, respectively.
- **Satisfy Metric for EA for Veteran-Centric Service E-3.1:** Outcome Measure-Enterprise Architecture (EA) for Veteran-Centric Service: Number of business lines transformed to achieve a secure veteran-centric delivery process that would enable veterans and their families to register and update information, submit claims or inquiries, and obtain status. Target levels for 2004 and 2008 are 2 and 8, respectively.
- **Satisfy Metric for Pension 3.2.4:** Outcome Measure-Pension: Percent of pension recipients who are satisfied that the VA recognized their service to the Nation. Target levels for 2004 and 2008 are 40% and 70%, respectively.
- **Satisfy Metric for Speed 1.3.7:** Service Delivery Measure-Speed: Number of days to notification of entitlement. Target levels for 2004 and 2008 are 60 days and 60 days, respectively.

Enterprise Impact

This project is integrated with the Contact Management initiative and relies on data from the VA/DoD Data Sharing initiative (initiative spawned through Registration & Eligibility). These

dependencies are shown within the sequencing plan. This project also implements the Identity-Data Management portion of the Enterprise data layer, within the Target Architecture End-State.

Project Status

Funded from BY-2204 through BY-2007

Project currently at Milestone -1

1.5. Target Platform Enablement Software Layer

This layer consists of the operating system software, DBMS software, network operating system software, and related COTS products, required to exploit and control the capabilities of VA's infrastructure

1.5.1. Win-XP / Win-2003 Server Standardization

Authoritative Source
- CIO Directive of November 2005

Stakeholders
- All VHA Managers and Employees
- VA CIO, Staff Offices and Administrations

Requirement Description

The CIO has directed that Windows-XP will be the minimum supported level of the Windows operating system at the workstation level. This standardization will greatly simplify the task of identifying and integrating security patches for installation, as new viruses are identified and trapped.

Recommended Solution

VA's component organizations are in the process of completing this upgrade and have reported full compliance well within the CIO's established guidelines.

Performance Measures

Enterprise Impact

The project will provide VA with a manageable operating system standard for workstation security. It will assist Cyber Security in managing security patches across the enterprise.

Project Status

Funded through existing O&M funds;

Project currently at Milestone-3

1.5.2. Enterprise Cyber Security Program-2007 (EA-24)

Authoritative Source
- BY-2007 IT Project Portfolio

Stakeholders
- Veterans, their dependents, and their survivors
- VA Managers
- OMB

Requirement Description

The Enterprise Cyber Security Program (ECSP) is the focal point for management leadership in information security policy and guidance. It provides expert technical advice, and in collaboration with the Department's Administrations and Staff Offices, develops and maintains certain enterprise-wide security controls and measures. ECSP represents those activities that provide a continuous cycle of risk assessment, modification of policies and procedures to reflect changes in the risk environment, identification of mitigating security controls and the on-going testing of those controls to ensure their effectiveness. ECSP implements the Authentication and Authorization Infrastructure Program (AAIP) and continues the development of other One-VA Cyber Security Programs (such as the VA-CIRC and the C&A program).

Recommended Solution

ECSP will continue to be implemented as an internally-managed, Department-wide Security Program with certain controls being centralized at the headquarters level and implemented by a mix of Government and contractor personnel

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:
- **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

ECSP will continue to be integrated with other VA IT programs as well as with the IT governance process, as it has been integrated over the past three years.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -2

1.5.3. IPV6 Transition

Authoritative Source
- CIO Directive January 21, 2005
- VA IPV6 Migration Assessment (Draft)

Stakeholders
- All VHA Managers and Employees
- VA CIO, Staff Offices and Administrations

Requirement Description

This Project will transform VA's IP data networking assets into an IPV6-ready posture by September 2008; at that time VA will be able to respond to IPV6 as well as IPV4 traffic in a dual-stack or combined-stack configuration until 2025 at which time the IPV4 capability will be dropped.

IPV6 provides needed world-wide IP-address-space augmentation and enhanced network authentication, non-repudiation and security capabilities. IPV6 may also provide additional application-to-user functionality with applications in home-bound health care.

Recommended Solution

At milestone-0, Solutions have not been developed or proposed.

Performance Measures

Enterprise Impact

The project will provide a major advance in VA's data networking capability, and will contribute to the Target Architecture End-State. IPV6 may provide the level of authentication and non-repudiation necessary to meet all requirements for telemedicine support to home-bound veterans.

Project Status

Project will be funded through the Omnibus Infrastructure Budget Request for BY-2008.

Project currently at Milestone-0

1.6. Target Shared Infrastructure Layer

This layer describes the facilities, hardware and network infrastructure that support IT operations and services. It includes the VA Intranet, with its external gateways, firewalls, DMZs, server complexes, data centers, and client workstation networks.

1.6.1. VA Enterprise Telephony Agenda

Authoritative Source
- BY-2006 IT Project Portfolio

Stakeholder
- VA Managers and Employees
- VHA, VBA, NCA

Requirement Description

This Project seeks to develop and implement telephony modernization policy. Specifically it will seek a replacement for the FTS-2001 Telephone Support Omnibus Contract. It will also establish VA's policy on Voice over Internet Protocol (VoIP).

Recommended Solution

At milestone -0, Solutions have not been developed or proposed.

Performance Measures

The following performance measures identify applicable metrics from the VA Strategic Plan:
- **Satisfy Metric for Employee Feedback E-2.2:** Outcome Measure-Employee Feedback: Percent of VA employees who indicate they understand VA's strategic goals. Target levels for 2004 and 2008 are 80% and 90%, respectively.
- **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

This project will provide a consistent integrated voice communications solution across the

enterprise. It will also establish an enterprise-wide forum for strategic voice communications planning into the future.

Project Status

Funded in BY-2007

Project currently at Milestone -0

1.6.2. VA-Wide Radio Frequency Transition Program

Authoritative Source

*   BY-2007 IT Project Portfolio

Stakeholders

*   All VHA Managers and Employees
*   VA CIO
*   VHA, VBA, NCA
*   Federal, State and Local Emergency Response Agencies.

Requirement Description

Project will transition all Land-Mobil (Radio) communications from Wideband (Analog VHF & UHF) to Narrowband (Digital) format. This is a mandated program.

Recommended Solution

The project is in its final phase of deployment (Milestone III) and will be completed by August 2006.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

*   **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

The project will provide a standard interoperable emergency responder radio voice-communication solution across VA which will interoperate with other federal and local emergency responder organizations.

Project Status

Funded from xxxx through BY-2007

Project currently at Milestone -3

1.6.3. VA-Wide Telecommunications Modernization Project (TMP)

Authoritative Source
- BY-2007 IT Project Portfolio

Stakeholders
- All VHA Managers and Employees
- VA CIO
- VHA, VBA, NCA

Requirement Description

Project standardizes all Wide Area Network infrastructure and services and places them under centralized management.

Recommended Solution

The project is in its final phase of deployment (Milestone IV) and will be completed by September 2006.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:
- **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

The project has progressed through the final stages of deployment with no negative impact. It has established a robust standard and centrally managed data-network backbone and distribution layer network infrastructure.

Project Status

Funded from BY-2003 through BY-2007

Project currently at Milestone -4

1.6.4. VA Standard COOP Solution Development (EA-37)

Authoritative Source

• BY-2007 IT Project Portfolio

Stakeholder

• Veterans, their dependents, and their survivors
• VA Managers and Employees
• VA Business Partner Departments and Agencies (DoD, HHS, SSA, IRS , etc.)
• State and Territorial Veteran Administrations
• DHS, and State and Local Emergency Response Organizations

Requirement Description

This Investment provides a standard template for COOP implementation across VA

The COOP will enhance the Department's protection of information systems. These information assets contain vast amounts of Veteran data, from medical and personal information to processing Veteran benefits claims. Protecting these assets is crucial to the VA's mission of serving the Nation's Veterans.

The COOP will enhance VA's Emergency Preparedness posture, providing improved coordination within VA 's National Emergency Response support role and delivery of emergency services. The COOP will mitigate damage to the VA 's systems resulting from emergencies, and will explicitly improve the emergency preparedness of the data centers Operational Efficiency.

The COOP will assure compliance with Federal Response Plan**.** Establishing a COOP including prioritizing assets will satisfy the requirements from E.O. 13231, and it will also limit the loss of productivity resulting from interruptions in service.

Recommended Solution

At milestone -0, Solutions have not been developed or proposed.

Performance Measures

The following performance measure identifies an applicable metric from the VA Strategic Plan:

• **Satisfy Metric for Modernization E-3.3:** Outcome Measure-Modernization: Percent decrease of annual IT budget spent on sustainment, shifting corresponding savings to modernization (zero sum game). Target levels for 2004 and 2008 are 5% and 5%, respectively.

Enterprise Impact

This project standardizes COOP and data backup/recovery responses for the three enterprise data centers and assures a centrally managed and monitored solution for all critical applications.

Project Status

Funded from in BY-2007

Project currently at Milestone -0

1.6.5. Exchange Server Consolidation

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholders

- All VA Managers and Employees
- VA CIO, Staff Offices and Administrations

Requirement Description

Standardize and centralize the electronic mail management functions across VA and devise a single One-VA e-Mail address scheme which will apply to all VA employees.

Recommended Solution

VA's Exchange Consolidation Program is in the process of consolidating hundreds of de-centralized Microsoft Exchange messaging servers into 26 regional locations, in phase-1 of a two-phase program. Eventually this program will result in all messaging being managed from six locations. The Exchange Consolidation has also standardized email addressing conventions across the enterprise.

Performance Measures

Enterprise Impact

The project will provide VA with a robust, self-healing and economical e-Mail network that is easy to manage from a security perspective.

Project Status

Funded through existing Infrastructure Budget Request

Project is at Milestone-4 for Phase-1

1.6.6. Regional Computing Initiative

Authoritative Source

- EIB Milestone 0 Review - July 2005

Stakeholders

- All VHA Managers and Employees
- VA CIO, Staff Offices and Administrations

Requirement Description

At milestone-0, Solutions have not been developed or proposed.

Recommended Solution

The Regional Computing Initiative is planning to consolidate the more sophisticated local computing services into regional data centers. This will reduce cost by consolidation critical skill sets in a reduced number of locations. Candidate applications include any server-based database-application, any Internet-facing Web-site, any application which supports more than one VISN or Regional Office and is not located at an enterprise data center, and any server-based application that requires off-site backup and COOP support but is not located at an enterprise data center.

Performance Measures

Enterprise Impact

The project will provide VA with a high level of reliability and low cost profile for local applications. It will conserve critical resources such as database administrators and system engineers.

Project Status

Will be funded in BY-2008

Project currently at Milestone-0